

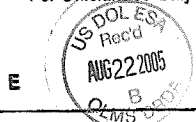
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U - <u>10767</u> | 2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>Paul</u> <u>Harcia</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1107 Arkley Dr.</u> City <u>Diamond Bar</u> State <u>California</u> ZIP Code + 4 <u>91789</u> | 4. Name, file number, and address of labor organization. Name <u>ACLU Local 404M</u> Labor Organization File Number <u>516063</u> P.O. Box, Building and Room Number, if any _____ Street <u>518 W. Duarte Road</u> City <u>Monrovia</u> State <u>California</u> ZIP Code + 4 <u>91016</u> |
| 5. Position in labor organization. <u>Local President</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____ |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul Harcia

On

8-14-05

Date

626-357-6476

Telephone Number

1 of 3

Nat'l AEW

| | | |
|-----------------------|-------------|----------------|
| Name of Person Filing | PAUL GARCIA | File Number U- |
|-----------------------|-------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|---|
| 8. Name and address of Business (including trade name, if any). Name <u>The Legal Company</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>Church Street, P.O. Box 4059</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10261-4054</u> | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
|--|---|

| | |
|---|---|
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>National Health & Welfare Fund</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>Five Gateway Center, Suite 620</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15222-2250</u> | 11.a. Nature of such dealing. <u>financial consultants</u> 11.b. Approximate dollar value of such dealing. <u>160.89</u> 12.a. Nature of interest held or income received. <u>dinner at a Trustees meeting</u> 12.b. Amount. <u>160.89</u> |
|---|---|

| | |
|---|-------------------------------------|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u> | 14.a. Nature of payment. <u></u> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <u></u> |

Name of Person Filing

PAUL GARCIA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street First Nat'l Bldg., Suite 600City New YorkState New York ZIP Code + 4 10022-3250

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

participating local
in benefit fund

11.b. Approximate dollar value of such dealing.

\$ 867.00

12.a. Nature of interest held or income received.

reimbursement

12.b. Amount.

\$ 867.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.